

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation

## HHS EXCHANGE VISITOR PROGRAM GUIDELINES AND PROCEDURES

**Purpose:** The Florida Department of Health (FDOH) State Primary Care Office (PCO) administers Florida's visa waiver programs for foreign physicians. The goal is to improve access to primary health care services to Floridians residing in designated HPSA and to encourage the utilization of federally designated health facilities as sources of home medical care.

### Florida's HHS Exchange Visitor Program Guidelines:

#### Applicant

- 1) The HHS Exchange Visitor Program is administered by the U.S. Department of Health and Human Services. Physicians applying for a waiver through the U.S. Bureau of Citizenship and Immigration Services (USCIS) must submit a request to the FDOH to obtain the required letter of support.
- 2) Applicants may apply year round.
- 3) The physician must practice primary care medicine full time (no less than 40 hours per week) in a *designated primary care or mental health geographic or population HPSA* (A facility HPSA score will not suffice in the absence of a geographic or population HPSA score), for the required three (3) year obligation period).
  - a. The HPSA must have a score of eleven (11) or greater (Florida's median HPSA score).
  - b. Commence employment within **90 days** from the date the waiver is approved by the USCIS.
- 4) Primary care specialties include family medicine, internal medicine, pediatrics, obstetrics and gynecology, and psychiatry.
- 5) Transfers: If a physician seeks to transfer to a new practice facility or employer, the physician must submit a formal request to the PCO prior to the transfer. The physician must also provide extenuating circumstance for the transfer in accordance with federal regulations. The Transfer Request Form, guidelines, and additional information are available at: [FDOH PCO Visa Waiver Programs](#).
- 6) FDOH does not maintain a list of employers or vacancies for visa waiver physicians. Florida participates in the [National Rural Recruitment and Retention Network \(3RNet\)](#), which assists in matching physicians with possible employers.

**Florida Department of Health**

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- 7) Recommendation by the FDOH does not guarantee approval by the USCIS.
- 8) Any violations of policy, including failure to provide status reports in a timely and accurate manner, or failure to demonstrate good faith in utilizing a physician's services in accordance with these policies will jeopardize future eligibility for placements and will cause for reporting to federal authorities or the Florida Board of Medicine.

### **Employer**

- 1) The sponsoring facility must accept Medicaid and Medicare clients and employ a sliding fee scale. Signage must be posted in a conspicuous place in the lobby or waiting area that indicates all clients will be seen regardless of their ability to pay. Further information regarding federal poverty guidelines is available on the [U.S. Department of Human Services website](#).
- 2) The facility must be one of the following:
  - a. *A health center as defined under Section 330 of the Public Health Service Act, and which is receiving a grant from the U.S. Health Resources and Services Administration under this section*
  - b. *A rural health clinic as defined under Sections 1102 and 1871 of the Social Security Act*
  - c. *An American/Alaskan Native tribal medical facility as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638)*

### **Verification of Medical Practice, Monitoring, and Reporting:**

The physician and employer must complete the Florida Visa Waiver Physician Practice Status Report, available at: [FDOH PCO Visa Waiver Programs](#), by June 30<sup>th</sup> of each year during the three year waiver service period. Status reports may be submitted as a PDF document via email to: [FL.PCO@flhealth.gov](mailto:FL.PCO@flhealth.gov).

FDOH or its representative may conduct periodic monitoring through telephone calls or site visits to ensure compliance with federal and state policies and procedures. Violation of any of the agreed upon conditions by the employer may result in denial of future requests for visa waivers. Violation of any of the agreed upon conditions by the physician may result in referral of the physician to appropriate authorities.

Contract changes which result in termination of employment, a change in practice scope, or the relocation of the physician from the site approved in the application request to a new site must be presented in writing to FDOH prior to the change. The new practice facility must receive FDOH approval and be located within a designated shortage area.

The physician and employer shall, upon reasonable notice and during normal business hours, grant FDOH representatives, who shall maintain full confidentiality and comply with HIPAA regulations, reasonable access to all records maintained by the physician's practice, which are pertinent to ascertaining compliance with these guidelines. FDOH representatives may also perform audits for compliance of these guidelines.

Other providers of indigent care in the county or community may be notified of the J-1 physician placement. The physician's name and practice location may be posted on the PCO website as a provider of primary health care that accepts Medicaid, Medicare, and sliding fee patients.

**Application Submission Procedure:**

Submit the following documents electronically in PDF format to [FL.PCO@flhealth.gov](mailto:FL.PCO@flhealth.gov). Supporting documents are available at: [FDOH PCO Visa Waiver Programs](#)

- 1) Florida HHS Exchange Visitor Program Recommendation Application
- 2) Certification Statement A (Affidavit and Agreement Form)
- 3) Florida HHS Exchange Visitor Program Physician Attestation
- 4) Cover Letter from the practice facility signed, dated, and stating:
  - The name, physical address, phone number, and email address of the facility
  - The HPSA ID number in which the facility is located
  - Minimum of 40 hours per week of direct patient care
  - The facility accepts Medicaid and Medicare clients, employs a sliding fee scale, and has posted a notice in a conspicuous place in the lobby or waiting area that all clients will be seen regardless of their ability to pay.
  - Three (3) year term of employment, including the specific start and end dates and a statement that work shall commence within 90 days after the waiver is approved by the U.S. Bureau of Citizenship and Immigration Services
  - Description of the geographic area served by the facility
- 5) Evidence that the facility is located in a designated shortage area (copy of the HRSA "[Find Shortage Areas: HPSA & MUA/P by Address](#)" query result)
- 6) Copy of the facility's sliding fee scale
- 7) Photo evidence of the sliding fee scale public notice posted in the lobby or patient waiting room of the facility. The public notice shall include the facility's commitment to serve all patients regardless of their ability to pay or their enrollment in Medicare or Medicaid.
- 8) Copy of the physician's valid Florida medical license or a copy of the Florida medical license application
- 9) Curriculum Vitae of the physician
- 10) Personal Statement from physician regarding his or her reasons for not wishing to fulfill the two-year home country residence requirement to which the applicant agreed at the time of acceptance of exchange visitor status
- 11) Form G-28 (Notice of Entry of Appearance as Attorney or Accredited Representative) or letterhead from law office, if an attorney represents the applicant

**Application Checklist:**

*(For use by attorney and or physician when completing application package; **not required** to be submitted with application)*

- 1) ☐ Florida HHS Exchange Visitor Program Recommendation Application
- 2) ☐ Certification Statement A (Affidavit and Agreement Form)
- 3) ☐ Florida HHS Exchange Visitor Program Physician Attestation
- 4) ☐ Practice facility's cover letter
- 5) ☐ Evidence of health professional shortage area designation
- 6) ☐ Facility's sliding fee scale
- 7) ☐ Photo of the sliding fee scale public notice
- 8) ☐ Physician's Florida medical license or license application
- 9) ☐ Physician's Curriculum Vitae
- 10) ☐ Physician's Personal Statement
- 11) ☐ Form G-28 or letterhead from law office (if applicable)

Application materials may be submitted electronically to: [FL.PCO@flhealth.gov](mailto:FL.PCO@flhealth.gov)

Or by mail to:

**Application materials may be mailed to:**  
**State Primary Care Office**  
**Division of Public Health Statistics and Performance Management**  
**Florida Department of Health**  
**4052 Bald Cypress Way, Bin #A05**  
**Tallahassee, Florida 32399**